

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Sav. of Columbia.

WR

N. 1

McGraw

(1) PLACE OF BIRTH

County of A. H. Perille

Township of

or

Inc. Town of

or

City of A. H. Perille

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41349

Registration District No. 1-A Registered No. 127

(For use of Local Registrar)

City of A. H. Perille (No. Wilam St.; 2 Ward)(2) Full Name of Child Elgin Davis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 26, 1915</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Not known

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Davis(15) PRESENT POSTOFFICE OF MOTHER A. H. Perille, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE A. H. Perille Co. S.C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at H. A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline X. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife A. H. Perille, S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness W. H. Botte

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 28th 1915. (28) J. G. Penn Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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